Clerk of the House of Representatives
Legislative Resource Center
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Washington, DC 20510

SECRETARY OF THE SENATE

98 JAN 19 PM 3:07

LOBBYING REGISTRATION Lobbying Disclosure Act of 1995 (Section 4)

H. D.

Check if this is an Amended Registration	1. Effective Date of Registration 1/15/99
2. House Identification Number	Senate Identification Number
REGISTRANT 3. Registrant name Nicholai Konovaloff & Ass	sociates
Address 925 L Street, Suite 1185	····-
Chy Sacramento	State CA 7in 95814
Principal place of business (if different from line 3) City	State/Zip (or Country)
5. Telephone number and contact name	Konovaloff E-mail (optional)
General description of registrant's business or activities Lobbyist	
labeled "Self" and proceed to line 10. Self 7. Client name State of California Auto Dism	for rach cliens. Organizations employing in-house lobbyliss should check the box nantless Association
Address 1900 Point West Way, Suite 12	22
City Sacramento	State CA Zip 95815
Principal place of business (if different from line 7) City	State/Zip (or Country)
General description of client's business or activities Statewide association	
LOBBYISTS 10. Name of each individual who has acted or is expected to acting as a control as a "covered executive branch of acting as a lobbyist for the client, state the executive and/	it as a lobbyist for the client identified on line? If any person listed in fficial" or "covered legislative branch official" within two years of first for legislative position(s) in which the person served.
. Name	Covered Official Position (if applicable)
Nicholai T. Konovaloff	
Form LD-1 (Atv. 06/98)	Fogg :

Nichol Registrant Name Associ	tai Komovaloff & Lates	_ Client Name_Sta	te of Califora	nia Auto Dis	mantlers Assoc	iation
LOBBYING ISSUI	ES areas. Select all applicab	le codes listed in inst	ructions and on the s	reverse side of Fo	rm LD-1, page 1.	•
12. Specific tobbying issues	(current and anticipated)					•
ينر National Titling	Legislation and S	itormwater Legi	slation			
AFFILIATED ORG 13. Is there an entity other a semiannual period at		tributes more than part plans, supervi	\$10,000 to the lob ses or controls the	bying activities registrant's lob	of the registrant in bying activities?	
☐ No⇔ Go to lin	æ 14.		ete the rest of this teria above, then			<u>-</u>
Name		Address		Principal Place of Business (city and state or country)		
b) directly or in activities of	tity that: 20% equitable owners: directly, in whole or in the client or any organi of the client or any organi ng activity?	major part, plans, zation identified or anization identifie	supervises, control is line 13; Or d on line 13 and ha	s, directs, fibanc	es or subsidizes st in the outcome for each entity	
	······································		matching the crite registration.	eria above, then	sign and date the	
Name	Address		cipal place of business I state or country)	Amount of contribution for tobbying activities	E A. 71	
Signature /	T Koon		Date_	1/12/99	9	
Printed Name and Title	Nicholai T. Kond	valoff Owner		<u>\</u>		
Form LID-5 (Rev. 06/98)				Ellov company	Page :	